vermiform appendix; and finally, that a simple intestinal convolution passed out of the hernial opening, and the ascending colon was found between the leaves of the peritoneal fold. The fixation of the mesentery of the lower portion of the ileum, which ascends and then descends, drawing it to the right and passing into the mesocolon, is a strong argument in favor of a more recent descent of the cæcum.—*Nordiskt Medicinskt Arkiv.* Bd. xvi. Hft. 15

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The After-Treatment of Lithotomy when the Bladder is Sacculated or Pouched.

In a paper on this subject, in the *Lancet*, Nov. 8, 1884, Mr. REGINALD HARRISON says that sacculation or pouching of the bladder is not only a frequent cause of stone in adults, but is probably the most serious complication attending its removal. An ill-shapen bladder often renders lithotrity out of the question, whilst it increases both the dangers of lithotomy and the liability to a recurrence of stone. A careful study of the results of lithotomy in adults not only shows them to be unsatisfactory when compared with the immediate risks of the operation, but also seems to point to certain defects in the after-treatment to which it is desirable to direct attention. To remove a calculus out of a pouch or depression in the bladder, and not at the same time to provide against urine lodging in the cavity thus formed for its reception and decomposition, is to incur a risk of cystitis and septicæmia which is by no means an imaginary one. It must be remembered that a saccule has no power of expelling its contents; its walls contain no muscular fibre, and it is entirely dependent on its relation to the general cavity of the bladder for the emptying of whatever it may contain. The small mortality following lithotomy in children and the extraction of stone in women is largely due to the fact that the conditions in both are favorable to the thorough drainage of the bladder.

I have recently been adopting a system of drainage after lithotomy and other cases in which the bladder has been opened which has so far proved a great benefit. In the first place, in all instances of stone complicated with a large prostate and with saccules on a depressed floor, I have been particularly careful by a sufficient division of the prostate to make a free access to the bladder; this has sometimes necessitated the section of the gland to a greater extent than was requisite for the removal of the calculus.

To provide free drainage after the operation for all depressed portions of the bladder, the following plan has been adopted (it is practically that of the double tube in tracheotomy): Through an ordinary lithotomy tube open at the end is passed and retained a rubber catheter, or drainage-tube; this adapts itself to the inequalities in the walls of the bladder, and can be made to enter any saccule that may be present. In a recent case, though the ordinary lithotomy tube seemed to be draining efficiently, I had from the general symptoms reason to believe that some urine was retained. On introducing the rubber catheter in the manner described, several ounces of fetid urine escaped, after which the progress of the case was good. By the double tube a constant system of drainage is carried on, so that urine escapes immediately on entering the bladder.

I would remark that to rapidly heal up a bladder which in its mechanical construction has all the elements necessary for the production of calculus is not in my judgment a wise proceeding, as long as anything can be gained by not doing so.

In cases of calculus associated with residual urine and a large prostate, I have had some excellent results in cases in which it was deemed desirable to retain the lithotomy tube for considerable periods of time—partly for the purpose of draining and partly with the view of bringing about a permanently improved condition in the outlet from the bladder—namely, cases in which the tube has been retained for six, eight, or even ten weeks.

The advantages of the double tube after lithotomy performed under the circumstances mentioned may be summarized as follows:—

1. The prevention of vesical colic and spasm by retention of clots and the plugging of the ordinary tube with blood.
2. The more perfect drainage of the floor of the bladder, however irregular this surface may be.
3. A ready mode of washing out all parts of the bladder without removal of the outer tube. For the latter purpose, one of Tiemann's double current rubber catheters, fitted on to a Higginson's syringe and passed through the ordinary lithotomy tube, answers admirably.
4. Increased facilities for keeping the patient dry, by having the inner tube sufficiently long to conduct the urine into a vessel by the patient's bedside; the bed may be kept absolutely dry until the time comes for the removal of the tube altogether. This is a point of great importance, especially in elderly persons, who are liable to bedsores and suffer much from the immediate presence ot ammoniacal urine.

The tenesmus and pain at the end of the penis which are sometimes caused, where the prostate is large, by the retention of thick ropy mucus on the floor of the bladder are considerably mitigated by this plan, combined with the free use of some solvent for this secretion. The best solvent for vesical mucus I have yet found is a solution of common salt in warm water, with which the bladder should be washed out by the double tube as described, as often as necessary. In all cases of this kind the tubes should be retained and drainage employed until the urine shows that it can pass through the bladder without undergoing decomposition in it; as long as there is any sign of the latter, there is a risk of the re-formation of stone. A considerable number of the softer stones are entirely of vesical origin. The prevention of these necessarily brings under consideration the remedying of the causes upon which they depend. These latter are not always difficult to discover.—*Lancet*, Nov. 8, 1884.

Iodoform in Soft Chancres.

Unna (*Monats. für prakt. Dermatologie*, August, 1884) finds that for the present no remedy heals the soft chancre more rapidly than iodoform, and none with such certainty obviates the occurrence of a suppurating bubo. The drawback is the peculiar and suggestive odor which no combination serves entirely or permanently to mask. One cause of the diffusion of the odor is the custom of employing iodoform in powder; too much, more than necessary is thus applied, and the powder is apt to be deposited on the clothes during or after application. He therefore advises that iodoform dissolved in ether be used. The sore is first dried with absorbent cotton, then a drop of the iodoform ether allowed to fall on the sore, and the evaporation of the ether favored by blowing on it with a hand-ball bellows. Thus a thin coating of iodoform is deposited exactly on the ulcer. Over the ulcer so coated he places a small piece of perforated iodoform plaster muslin, which has been brought to perfection as regards its preparation by Beiersdorf, of Altona. If this appears too thin, a circular band of the same can be wound round the penis, or a strip applied if the ulcer is seated elsewhere Lastly, to conceal the smell, a piece of cotton-wool, perfumed by means of a spirituous solution of cumarin, is placed over all. If desirable, this wool can be sprayed